

COOPERATIVE AGREEMENT
between the
MISSOURI DEPARTMENT OF SOCIAL SERVICES
and the
MISSOURI DEPARTMENT OF MENTAL HEALTH
relating to
THE MEDICAID STATE PLAN
COMMUNITY PSYCHIATRIC REHABILITATION PROGRAM

Concerning: The administration of the Community Psychiatric Rehabilitation Program (CPRP) for Medicaid eligibles with serious mental illnesses and disorders pursuant to the state Medicaid Plan rehabilitation option.

This agreement is a cooperative and mutual understanding between the Missouri Department of Social Services, Division of Medical Services, (DSS/DMS), and the Missouri Department of Mental Health (DMH). DSS is the designated single state agency for the administration of the Title XIX Medicaid program in Missouri and DMS is the Division within DSS which directly manages the Medicaid program operations. DMS is the statutorily authorized agency which has administrative charge and control of the provision of Medicaid services to persons affected by mental illness.

I. PURPOSE

This Agreement is entered into for the purpose of efficiently and effectively carrying out the implementation and administration of the CPRP set forth in the Missouri Medicaid Plan under the rehabilitation option as services targeted to recipients with serious mental illness and disorders. These services were approved by the Department of Health and Human Services, Health Care Financing Administration, for inclusion in the State Plan on April 13, 1989.

II. DEFINITIONS

For purposes of this Agreement, the parties agree that the following definitions shall apply:

- A. Department of Social services (DSS) shall mean the Missouri Department of Social Services, which is the designated single state agency for administration of the Medicaid program.
- B. Department of Mental Health (DMH) shall mean the Missouri Department of Mental Health.

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- C. Division of Medical Services (DMS) shall mean the Division within the Department of Social Services which administers Title XIX (Medicaid) program operations in Missouri.
- D. Director of Social Services shall mean the Director of the Missouri Department of Social Services.
- E. Director of Mental Health shall mean the Director of the Missouri Department of Mental Health.
- F. Federal Financial Participation (FFP) shall mean that match provided by the federal government, pursuant to federal law and regulation, to fund services authorized under an approved Medicaid Plan.
- G. State Plan Amendment shall mean those services approved in the State Plan Amendment MS 89-5 and MS 89-6 submitted on March 1, 1989, and approved by the Department of Health and Human Services, Health Care Financing Administration (HCFA) on April 13, 1989 as described in 9 CSR 30-4.030 through 9 CSR 30-4.047.

III. DUTIES

A. Department of Mental Health

The Department of Mental Health will conduct all activities, recognizing the authority of the single state Medicaid agency in the administration of the state Medicaid Plan to issue policies, rules and regulations on program matters. DMH agrees to:

1. Provide professional staff including skilled and non-skilled professional medical personnel as defined in 42 CFR 432.2 and 432.50, and direct support personnel for them necessary to fulfill the terms and conditions of this agreement.

DMH shall also provide staff necessary for the clerical, supervisory and/or research and evaluation duties necessary to fulfill the terms and conditions of this agreement not otherwise provided as indirect support through the Department's indirect rate.

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2. Perform specific activities which are necessary for proper and efficient administration of a Title XIX State Plan Program, including:
 - ▶ Periodic utilization review, including review of a recipient's eligibility for CPRP state plan services and assessment of the necessity for and adequacy of the medical care and services required by individual CPRP state plan service recipients. This activity is to permit only the utilization of such care and services which are necessary and to assure that payments are consistent with efficiency, economy and quality of care.
 - ▶ Prior authorization of CPRP state plan services provided by providers on review and provisional providers to ensure that reimbursement is given only for services specified in the approved service plan. Prior authorization of additional services or other providers when agreed to by both Departments. The prior authorization of services will be completed at admission, every six months thereafter, and when necessitated by changes in the recipient's service plan.
3. Survey annually each enrolled provider of CPRP services for compliance with conditions of participation, including any state law or regulation applicable to DMH providers.
4. Ensure that providers wishing to participate in the CPRP meet the certification standards as defined in 9 CSR 30-4. DMH shall provide all survey and certification personnel and clerical support and shall maintain such records of survey certification.
5. Audit CPRP providers for fiscal and procedural compliance with law and regulation, and with the conditions of participation imposed by both DMS and DSS.
6. Report instances of CPRP provider non-compliance to DSS and jointly pursuing any sanction or other action necessary and appropriate to remedy the non-compliance.

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7. Review and provide input and assistance to DMS in the preparation of all CPRP provider manuals and bulletins to be published by DMS and provided to Medicaid enrolled CPRP providers. Provide DMS with written documentation regarding any regulatory or programmatic changes in CPRP services and/or providers for the purpose of publication in Medicaid provider bulletins and provider manuals.
8. Prepare policy and procedure for the internal operations of DMH regarding CPRP services under the rehabilitation option. Such policy and procedure as may affect compliance with Title XIX rules will be subject to DSS approval prior to implementation. DMS must receive final copies of all CPRP provider notices produced by DMH.
9. Participate in Medicaid related training that may be deemed necessary by the Director of DSS and/or the Director of DMH.
10. Prepare annual budget requests for appropriations for CPRP services delivered pursuant to the Amendment to the State Medicaid Plan referenced in this Agreement.
11. Prepare action plans in the event of federal or state budget reductions.
12. Analyze and plan for the impact of proposed or enacted federal or state regulatory or statutory changes which will affect the services authorized under the Amendment to the State Medicaid Plan referenced in this Agreement.
13. Participate in hearings requested by persons who have been denied CPRP State Plan services.
14. Exchange with DSS data to jointly compile periodic reports on the number of clients served, services utilized, and costs.
15. Recommend rates for services to the DMS.
16. Provide as requested by DSS the information necessary to request Federal funds available under FFP. Submit detailed billings and use Standard Form 269 in addition to the billings for the necessary certification by the Executive Officer of the Department of Mental Health.

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B. Department of Social Services

The Department of Social Services (DSS) agrees to:

1. Provide program interpretations relating to DMH responsibilities regarding CPRP services pursuant to the Amendment to the State Medicaid Plan referenced in this Agreement.
2. Provide training for DMH staff as determined to be necessary by the Director of DSS and/or the Director of DMH.
3. Determine recipients income eligibility for Medicaid.
4. Reimburse enrolled providers for CPRP services provided pursuant to the rehabilitation option in the State Medicaid Plan to eligible clients.
5. Exchange with DMH data to jointly compile periodic reports on the number of clients served, services utilized and costs.
6. Review reports of provider non-compliance from DMH and jointly pursue any sanction or other action necessary and appropriate to remedy the non-compliance.
7. Prepare, print and mail material regarding CPRP services to Medicaid CPRP providers. This includes manuals and bulletins. Assist DMH in reviewing any materials or reports to be published by DMH regarding CPRP services. All such materials published by DMH as may affect compliance with Title XIX rules shall be subject to DSS/DMS review and approval prior to distribution.
8. Review and comment on policy and procedures for the internal operation of DMH, where such policy and procedure may affect compliance with Title XIX (Medicaid) rules.
9. Conduct hearings requested by recipients who have been denied CPRP state plan services.

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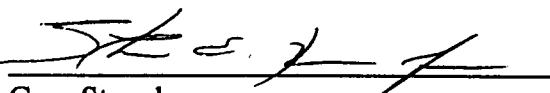
10. Reimburse DMH the Title XIX federal share of actual and reasonable costs for administration provided by DMH staff based on a time-accounting system which is in accordance with the provisions of OMB circular A87 and 45 CFR parts 74 and 95. Administrative costs include personal service, fringe benefit and expense and equipment costs necessary to collect data, disseminate information and carry out all DMH staff functions outlined in this agreement.

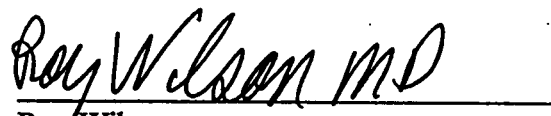
The rate of reimbursement for eligible administrative costs will be 50%, if claimed in accordance with the provisions of 42 CFR 432. The rate of reimbursement for eligible costs qualifying under regulations applicable to Skilled Professional Medical personnel and their supporting staff (compensation, travel and training), will be reimbursed at 75% when qualified under 42 CFR 432. Changes in federal regulations affecting the matching percentage, or costs eligible for enhanced or administrative match, which become effective subsequent to the execution of this agreement will be applied as provided in the regulations, or both.

Reimbursement of the federal share shall be provided upon receipt of quarterly financial statements certified by DMH for eligible claims prepared in accordance with applicable federal regulations..

IV. TERMS OF AGREEMENT

The effective date of this agreement is January 1, 1995. This agreement may be modified at any time by the written agreement of all parties and may be canceled by either party with thirty (30) days prior notice in writing to the other party, provided, however, that reimbursement shall be made for the period when the contract is in full force and effective.


Gary Stangler
Director, Department of Social Services


Roy Wilson
Director, Department of Mental Health

DATE: 3/30/95

DATE: 3/9/95

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REQUIRED MEDICAID NOTICE AND COORDINATION WITH
SPECIAL SUPPLEMENTAL FOOD PROGRAM FOR WOMEN,
INFANTS, AND CHILDREN (WIC)

The Medicaid State Agency provides:

- A. for the coordination with the State's Women, Infants and Children's (WIC) program; authorized under Section 17 of the Child Nutrition Act of 1966,
- B. for notifying in a timely manner all individuals in the state who are determined to be eligible for medical assistance and who are pregnant women, breastfeeding or postpartum women (as defined in Section 17 of the Child Nutrition Act of 1966) or children below the age of 5, of the availability of benefits furnished by special supplemental food program, and
- C. for referring any such individual to the State Agency responsible for administering the WIC program.

State Plan TN# 90-33 Effective Date 7-1-90
Supersedes TN# N/A Approval Date 10/11/90

COOPERATIVE AGREEMENT
between the
MISSOURI DEPARTMENT OF SOCIAL SERVICES
and the
MISSOURI DEPARTMENT OF HEALTH
relating to
PERSONAL CARE SERVICES
and
THE MEDICAID HOME AND COMMUNITY-BASED SERVICES WAIVER
for
PERSONS WITH AIDS AND HIV-RELATED ILLNESSES

This Cooperative Agreement is between the Missouri Department of Social Services (DSS) and the Missouri Department of Health (DOH). DSS is the single state agency for administration of the Title XIX (Medicaid) program in Missouri and the Division of Medical Services (DMS) is the division within DSS which directly manages the Medicaid program operations. DOH will provide staff to perform the direct administrative functions required for the provision of personal care services as specified in the State Medicaid Plan and assist with the direct administrative functions required for the operation of the Home and Community Based-Waiver services to persons with AIDS and HIV-related illnesses.

I. PURPOSE

This agreement is entered into for the purpose of efficiently and effectively carrying out the implementation and administration for the Personal Care Program and the Home and Community-Based Services Waiver for those persons with AIDS or HIV-related illnesses. This agreement will become valid upon acceptance by the Department of Social Services and the Department of Health, as evidenced by each department director's signature.

II. DEFINITIONS

For the purposes of this agreement, the parties agree that the following definitions shall apply:

- A. Department of Social Services (DSS): The Missouri State Department of Social Services, which is the designated single state agency for the administration of the Medicaid program.
- B. Department of Health (DOH): The Missouri Department of Health
- C. Department of Health (DOH) Contract Staff: Qualified HIV/AIDS Personal Care and Waiver service coordinators contracted and monitored by DOH to assess the need for and to authorize state plan personal care and AIDS waiver services.
- D. Division of Medical Services (DMS): The division within the Department of Social Services which administers Medicaid program operations in Missouri.
- E. Waiver Program: The Home and Community-Based Services Waiver for those persons with AIDS/HIV-related illnesses.

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- F. FFP: Federal Financial Participation.
- G. PWA: Persons with AIDS/HIV related illnesses.
- H. Division of Family Services (DFS): The division within the Department of Social Services with responsibility for determining a person's eligibility for Title XIX (Medicaid).
- I. Title XIX (Medicaid): A health care program under the Social Security Act. Medicaid is a needs-based, health care benefit financed jointly by state and federal government. Medicaid is administered by the Department of Social Services, Division of Medical Services. Eligibility for Medicaid is determined by the Department of Social Services, Division of Family Services.
- J. Missouri Personal Care Program: The U.S. Department of Health and Human Services, Health Care Financing Administration, approved plan for Personal Care.
- K. Indirect Rate: The rate(s) approved by the federal Department of Health and Human Services, Division of Cost Allocation.
- L. Care Plan: Plan for delivery of personal care and waiver services, developed in collaboration with the recipient's attending physician. The physician may provide verbal approval of the plan which shall be documented in the recipient's record by the service coordination staff before the prior authorization of service. Within seven working days of the verbal approval, the attending physician shall provide written approval of the plan.
- M. Skilled Professional Medical Personnel (SPMP): As defined in 42 Code of Federal Regulations 432.2, as amended.
- N. Directly Supporting Staff: As defined in 42 Code of Federal Regulations 432.2, as amended.
- O. Sanctions: Consequences of failing to comply with the conditions of provider participation in the Medicaid Program, as described in 13 Code of State Regulations 70-3.030-Sanctions for False or Fraudulent Claims for Title XIX (Medicaid) Services, as amended.
- P. Recipient Eligibility: May refer to one of two separate processes. First, an individual is determined to be eligible for Title XIX (Medicaid) through application with the Division of Family Services. Second, a Title XIX (Medicaid) recipient is determined to be eligible for the Personal Care Program or the Home and Community-Based Waiver services for persons with AIDS and HIV-related illnesses, through evaluation and assessment by the Department of Health contract service coordination staff.

III. DUTIES

A. Department of Social Services

The Department of Social Services Agrees to:

1. Provide program interpretations relating to the responsibilities of DOH and contracted service coordination staff in regards to the evaluation, assessment, authorization, and monitoring of the Personal Care and Waiver Programs for PWAs.
2. Provide training for DOH staff as determined necessary by the Director(s) of DSS and/or DOH in order to effectively carry out the responsibilities of administering Personal Care and Waiver services.
3. Determine recipients' eligibility for Medicaid through the Division of Family Services.
4. Review at a minimum of yearly the assessment and care plan for a random sample of recipients for both the personal care and waiver programs, who have AIDS/HIV related illnesses, for compliance with each program's guidelines. These reviews will be conducted by DMS staff. The number of service plans reviewed shall be 10% but never less than 25 per year for each program and at the option of DMS staff the reviews may be expanded should deficiencies be noted in either program.
5. Prepare the annual HCFA-372 report on the impact of the AIDS Waiver Program as required by 42 CFR 441.302(f), based on information collected from DOH and from paid claim records.
6. Exchange data with DOH to jointly compile periodic reports on the number of clients served, their costs, and the savings generated by the Waiver and Personal Care services.
7. Reimburse DOH the Title XIX federal share of eligible administrative costs required for the proper and efficient operation of the Waiver Program as required by the Social Security Act in Sections 1902 (a) (4) (A); 1915 (c) (2) (A) through (D) and for the Personal Care Program as required by the Social Security Act in Sections 1902 (a) (4) (A); 1902 (a) (19) and 1902 (a) (30) (A), as amended, and applicable to Federal Regulations.

The rate of reimbursement for eligible administrative costs will be 50%. The rate of reimbursement for eligible costs qualifying under regulations applicable to Skilled Professional Medical Personnel (SPMP) and their

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TN No. 97-21

Approval Date DEC 22 1997

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